

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17270

State File No.

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
430 W. Promenade St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)
In this community 6 months

3. (a) PRINT FULL NAME Rosie Mary Bonaparte

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John William Bonaparte 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased October 4, 1918
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Houswife

11. Industry or business

12. Name R.T. Branham

13. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Johnson

15. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Bonaparte

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof May 14, 43
(Burial, cremation or removal) (Month) (Day) (Year)
Johnson Cemetery, Callaway County, Mo.
(c) Place: burial or cremation

18. (a) Signature of funeral director Paul E. Smith

(b) Address Mexico, Mo.

19. (a) May 11-43 (b) Margaret H. Machie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Mexico (If outside city or town limits, write "RURAL") 1
(d) Street No. 430 W. Promenade St. 21
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 4, 1943, to May 10, 1943
that I last saw him alive on May 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Contributory causes are
Tuberculosis
Due to Child Birth

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature John A. Owen (M. D. or other) MD
Address Mexico, Mo. Date signed 5-12-43

Duration

7 weeks

1

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 6-43-952

Date Filed JUN 5 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.